*** File Copy Only: Do Not Submit Paper Form to EPA *** Form Status: Certified and Sent to USEPA Validation Status: Passed with Possible Errors 1 2 3 4 5 Additional Info (IMPORTANT: Type or print; read instructions before completing form) Form Approved OMB Number: 2070-0093 Approval Expires: 01/31/2010 Page 1 of 5 TRI Facility ID Number **EPA** FORM R 98134LSKNC32006 United States Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, **Environmental Protection** Toxic Chemical, Category or Generic Name also known as Title III of the Superfund Amendments and Reauthorization Act. Agency Manganese Compounds 1. TRI Data Processing Center WHERE TO SEND P.O. Box 10163 Fairfax, VA 22038 2. APPROPRIATE STATE OFFICE COMPLETED FORMS: (See instructions in Appendix F) *** File Copy Only: Do Not Submit Paper Form to EPA *** This section only applies if you are revising or Withdrawal (enter up to two code(s)) Revision (enter up to two code(s)) withdrawing a previously submitted form, otherwise leave blank: [][] Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked. Part I. FACILITY IDENTIFICATION INFORMATION SECTION I. REPORTING YEAR: 2007 SECTION 2. TRADE SECRET INFORMATION 2.1 Are you claiming the toxic chemical identified on page 2 trade secret? 2.2 Is this copy [] Sanitized [] Unsanitized [] Yes (Answer question 2.2; Attach substantiation forms) (Answer only if "YES" in 2.1) [X] NO (Do not answer 2.2; Go to Section 3) SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report Name and official title of owner/operator or senior management official: Signature: Date Signed: File Copy Only: Do Not Submit Paper Form to EPA XX/XX/XXXX File Copy Only: Do Not Submit Paper Form to EPA SECTION 4. FACILITY IDENTIFICATION TRI Facility ID Number 98134LSKNC32006 Facility or Establishment Name or Mailing Address(if different from street address) Facility or Establishment Name ALASKAN COPPER WORKS ALASKAN COPPER WORKS Mailing Address Street 3200 6TH AVE S PO BOX 3546 City/County/State/Zip Code City/State/Zip Code Country (Non-US) SEATTLE / King / WA / 98134 **SEATTLE /WA /98124** This report contains information for: a. [X] An Entire facility b. [] Part of a facility 4.2 c. [] A Federal facility d.[]GOCO (Important: check a or b; check c or d if applicable) Email Address Telephone Number (include area code) Technical Contact name 4.3 JAMES BROWN 2066235800 Telephone Number (include area code) Email Address 4.4 Public Contact name JAMES BROWN 2066235800 a. 332996 NAICS Code(s) (6 digits) f. 4.5 (Primary) Dun and Bradstreet 46 Number(s) (9 digits) a. 009255571 b. SECTION 5. PARENT COMPANY INFORMATION ALASKAN COPPER WORKS Name of Parent Company NA[]

NA[]

5.2 Parent Company's Dun & Bradstreet Number

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											I							
	EPA FORM R										98134LSKNC32006							
PART II. CHEMICAL - SPECI									CIFIC INFORMATION				Toxic Chemical, Category or Generic Name					
												a Xue a C - Campa a sunin	Mangai	nese Comp	ounds			
CCTION 1. TOXIC CHEMICAL IDENTITY (Important DO NOT complete this section if you completed Section 2 below.)																		
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)																		
N450																		
Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																		
2 Manganese Compounds																		
Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).																		
NA																		
Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should caual 100%. If you do not have speciation data available, indicate NA.)																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
					P 10.000 C. 10.00													
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)																		
Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)																		
NA																		
ECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY important: Check all that apply.)																		
	Manufa	cture th	e toxic	chemica	l:	3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical:							al:					
a. [] Produce b. [] Import																		
If produce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [] As a byproduct f. [] As an impurity					a. [] As a reactant b. [] As a formulation component c. [X] As an article component d. [] Repackaging e. [] As an impurity						a. [] As a chemical processing aid b. [] As a manufacturing aid c. [] Ancillary or other use							
	(If 1 N 2. MI	(If there are 1 2 2 2 3. ACTIVITIIS it: Check all that a. [] Proc. [] F. d. [] e.	Generic (If there are any model of the company of	CAS Number (Importance of Importance of Impo	CAS Number (Important: E Toxic Chemical Generic Chemical Name (If there are any numbers in boxes percer 1 2 3 4 5 N 2. MIXTURE COMPONENT IDENT Generic Chemical Name of the service	Toxic Chemical or Chemical or Chemical or Chemical or Chemical Name (Important: Enter only Generic Chemical Name (Important: Chemical Name (Important: Chemical Name (Important: Chemical Name (Important: Chemical Name Produce or Important: Chemical Name Produce or Important: Chemical: If produce or import: If produce or import:	CAS Number (Important: Enter only one nu Toxic Chemical or Chemical Ca Generic Chemical Name (Important: Co Distribution (If there are any numbers in boxes 1-17, then every percentages and the to 1 2 3 4 5 6 7 N 2. MIXTURE COMPONENT IDENTITY (Important Generic Chemical Name Provided b N 3. ACTIVITIES AND USES OF THE TOXIC CHEMIT: Check all that apply.) Manufacture the toxic chemical: 3.2 a. [] Produce b. [] Import If produce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [] As a byproduct	CAS Number (Important: Enter only one number ex Toxic Chemical or Chemical Category Generic Chemical Name (Important: Complete Distribution of Eac (If there are any numbers in boxes 1-17, then every field not percentages and the total shown in the complete of the comp	CAS Number (Important: Enter only one number exactly as Toxic Chemical or Chemical Category Name (I Generic Chemical Name (Important: Complete only if I) Distribution of Each Memb (If there are any numbers in boxes 1-17, then every field must be f percentages and the total should equal 1 2 3 4 5 6 7 8 9 V. 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT commoderic Chemical Name Provided by Supplier (Important: Check all that apply.) Manufacture the toxic chemical: 3.2 Fig. 1. [] Produce b. [] Import If produce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [] As a hyproduct	CAS Number (Important: Enter only one number exactly as it appears on the control of the control	CAS Number (Important: Enter only one number exactly as it appears on the Section N450 Toxic Chemical or Chemical Category Name (Important: Enter only one Manganese Compound Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is chec NA Distribution of Each Member of the Dioxin and Diox (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or so percentages and the total should equal 100%. If you do not have 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 NA NA NA NA NA NA NA NA NA	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter N450 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly Manganese Compounds Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". G NA Distribution of Each Member of the Dioxin and Dioxin-like Com (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number percentages and the total should equal 100%. If you do not have speciation. 1 2 3 4 5 6 7 8 9 10 11 12 V2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Sec Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, in NA V3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY tt: Check all that apply.) Manufacture the toxic chemical: a. [] Produce b. [] Import If produce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [] As a byproduct d. [] Repeackaging	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category N450 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Enter category N450 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Enter category N450 Toxic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name of Section 313 list. Enter category N450 Manganese Compounds Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name of Section 3.1 is checked "yes". Generic Name of Sec	Angansis I. TOXIC CHEMICAL IDENTITY (Important DO NOT complete this section if you completed Section 2 belong the CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reportants and Doxin-like Compounds. Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Enter category code if reportants and Doxin-like Compounds. Manganese Compounds Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be strong the properties of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Experientages and the total should equal 100%. If you do not have speciation data available, indicate North and Doxin-like Compounds Category. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 12 3 4 5 6 7 8 9 10 11 12 13 14 13 14 14 12 13 14 15 15 16 7 8 9 10 11 12 13 14 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Manganese Comp I I. TOXIC CHEMICAL IDENTITY (Important DO NOT complete this section if you completed Section 2 below.) CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemic N450 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Manganese Compounds Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally des NA Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution significant in the compound of the process of the compound of the process of the compound of	Manganese Compounds 1. TOXIC CHEMICAL IDENTITY (Important DO NOT complete this section if you completed Section 2 below.) CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category. N450 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Manganese Compounds Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive). NA Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported as a subject of the process and the total should equal 100%. If you do not have speciation data available, indicate NA.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 N2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.) Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) NA 13. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY 15. Check all that apply.) Manufacture the toxic chemical: 3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical 16. [] Produce b. [] Import 17. [] As a chemical processing b. [] As a formulation component c. [] As a chemical processing c. [] As an article component c. [] As an article component c. [] As an annufacturing an understoring an unde		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

[03] (Enter two-digit code from instruction package.)

SECTION 5.QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			(Enter range code or estimate**)	(enter code)	C. % From Stormwater
	5.1 Fugitive or non-point air emissions N		A	0	
1 D.Z	Stack or point air emissions	NA []	A	O	and the second
	Discharges to receiving streams or water bodies (enter one name per box)		of the facilities to the state of		
	Stream or Water Body Name				
5.3.1	NA				
				45 5: : 15: : 1	

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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					TRI Facility ID Number			
		EPA	FORM R		98134LSKNC32006 Toxic Chemical, Category or Generic Name			
	PART II. CHEMICAL -	SPECIE	FIC INFORMATION (CON	TINUED)				
					Ma	nganese Compounds		
SECTIO	N 5. QUANTITY OF THE TOXIC	CHEMICA	AL ENTERING EACH ENVIRONM	ENTAL MEDIUM ONSI	TE (Continued)			
		NA	A. Total Release (pounds/ye	ar*) (enter range code**	or estimate)	B. Basis of Estimate (enter code)		
5.4.1	Underground Injection onsite to Class I wells	[X]						
5.4.2	Underground Injection onsite to Class II-V wells	[X]	er till deliker hende helt. I fler i delik den konfres versensker – det her frik de frikkderspræt pombelet et at bevædet					
5.5	Disposal to land onsite							
5.5.1.A	RCRA subtitle C landfills	[X]						
5.5.1.B	Other landfills							
5.5.2	Land treatment/application farming	[X]						
5.5.3A	RCRA Subtitle C surface impoundments	[X]						
5.5.3B Other surface impoundments [X]								
5.5.4 Other disposal [X]								
SECTIO	ON 6. TRANSFERS OF THE TOXIO	СНЕМІС	CAL IN WASTES TO OFF-SITE LO	CATIONS				
	CHARGES TO PUBLICLY OWNE							
6.1.A T	otal Quantity Transferred to POTWs	and Basis	of Estimate					
	Total Transfers (pounds/year*) ange code** or estimate)			6.1.A.2 Basis of Estimate (enter code)				
		1			О			
	6.1. l POTW Name	WEST	POINT TREATMENT PLANT					

County

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POTW Address
SEATTLE

City

1400 UTAH AVE

State

WA

*For Dioxin and Dioxin-like Compounds, report in grams/year **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

Zip

98199

King

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			EPA	FORM	ИR				98134LSKNC	32006				
	PART II. C	HEMICAL -				N (CONTINU	ÆD)		Toxic Chemical, Category or Generic Name					
							Manganese Compounds							
SECTIO	ECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS													
	6.2.1 C	ff-Site EPA Iden	tification	Number (WAD991281767						
Off-Site Location Name									RLING	TON ENVIRONMEN	TAL INC			
		Off-Si	te Addre	ss					20245	77TH AVENUE SOU	TH			
City	KEN	NT	State	WA	County	Ki	ng		Zip	980321362	Country (Non-US)			
	Is loca	tion under contro	l of repor	ting facil	ity or parent comp	oany?				[] Yes [X]	No			
		nsfers (pounds/ye code** or estim				is of Estimate iter code)				Type of Waste Treatment/D cling/Energy Recovery (er				
	1.B 1.C									1 . M93				
	6.2.2 C	ff-Site EPA Iden	tification	Number ((RCRA ID No.)		ORD981766124							
		Off-Site I	ocation l	Name			SAFETY-KLEEN SYSTEMS (714801)							
		Off-S	ite Addre	ss			16540 SOUTHEAST 130TH STREET							
City	CLACK	CKAMAS State OR County				Clack	amas		Zip	970158944	Country (Non-US)			
Is location under control of reporting facility or parent company?								[] Yes [X] No						
	A. Total Tra	nsfers (pounds/ye e code** or estim	ear*) ate)		E	is of Estimate nter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)							
		. A		· · · · · · · · · · · · · · · · · · ·	1	. О	1 . M26							
	6.2.3 0	Off-Site EPA Iden	tification	Number	(RCRA ID No.)		AZD980735500							
		Off-Site I	ocation	Name			WORLD RESOURCES CO							
		Off-S	ite Addre	SS			8113 WEST SHERMAN STREET							
City	TOLL	OLLESON State AZ County		County	Maricopa			Zip	853533300	Country (Non-US)				
Is location under control of reporting facility or parent company?								[] Yes [X] No						
						is of Estimate nter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)						
1 . B 1 . C						. C	1 . M24							
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY														
[X] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.														
a. General Waste Stream (enter code) b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]						d. Waste Treatment Efficiency Estimate								

*For Dioxin and Dioxin-like Compounds, report in grams/year

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^{**}Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number 98134LSKNC32006

Toxic Chemical, Category or Generic Name

Manganese Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

SECTIO	N 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES							
		Column Prior Ye (pounds/ye	ar	Column l Current Reporti (pounds/ye:	ng Year	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)	
8.1		7.0		7 7				
8.la	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA		NA		NA	NA	
	Total other on-site disposal or other releases	10		10		10	10	
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0		0		0	0	
	Total other off-site disposal or other releases	5		5		5	5	
8.2	Quantity used for energy recovery onsite	NA		NA		NA	NA	
	Quantity used for energy recovery offsite	NA	NA		NA		NA	
8.4	Quantity recycled onsite	NA	NA		NA		NA	
8.5	Quantity recycled offsite	255	55 505		260		260	
8.6	Quantity treated onsite	NA	NA			NA	NA	
8.7	Quantity treated offsite	NA	NA I		NA		NA	
	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production p	processes (pounds/year)			NA			
8.9	Production ratio or activity index					0.58		
8.10	Did your facility engage in any source re enter "NA" in	eduction activities n Section 8.10.1 an			reporting	year? If not,		
	Source Reduction Activities [enter code(s)] Methods to Identify Activity (enter codes							
8.10. 1	W19		1	701		Г03	Т04	
8.10. 2	W29	er de seus modernom na procedimentaria en meno en entre de la	Т	CO1		Г03	T04	
8.10.3	W39		T01			Т03	Т04	
8.11	If you wish to submit additional optional information on source reduct check "Yes."	ion, recycling, or p	collution co	ntrol activities,		Yes	s []	

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*For Dioxin and Dioxin-like Compounds, report in grams/year

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TRI Facility ID Number
98134LSKNC32006
Toxic Chemical, Category or Generic Name
Manganese Compounds

Additional optional information on source reduction, recycling, or pollution control activities.